

New Jersey Department of Health and Senior Services
Nursing Home Administrators Licensing Board

**APPLICATION FOR APPROVAL OF CONTINUING EDUCATION PROGRAM
FOR LICENSED NURSING HOME ADMINISTRATION**

Mailing Address:

PO Box 367

Trenton, NJ 08625-0367

Overnight Services (UPS, FedEx, Airborne):

120 South Stockton Street, Lower Level

Trenton, NJ 08611-1730

INSTRUCTIONS: All questions are to be answered directly on this form, with the exception of faculty resumes, which MUST be attached to this application. Incomplete applications will NOT be reviewed.

A non-refundable fee of \$25.00 MUST accompany applications. Please make checks payable to "New Jersey Department of Health and Senior Services."

GENERAL INFORMATION	
Name of Sponsoring Agency	
Street Address	
City, State, Zip	
Name of Contact Person for Program	Telephone Number
Type of Program	
Target Audience	
Was this program previously approved by the NJDHSS? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Date: _____ No. of Credits: _____	
PROGRAM INFORMATION	
Title of Program	
Location	
Date(s) of Program	Fees \$ _____
Objectives of the Program	
Actual number of clock hours allocated to the program (exclusive of meals and breaks): _____	

**APPLICATION FOR APPROVAL OF CONTINUING EDUCATION PROGRAMS
FOR LICENSED NURSING HOME ADMINISTRATION
(Continued)**

Name of Sponsoring Agency	Program Title	
Brief Description of Content of Program		
Method(s) of Presentation		
Name(s) of Faculty (Attach a Resume for each which includes name, address, educational or academic background, and work history.)		
Method(s) of Student Evaluation		
Other state(s) which have approved this program; number of credits granted by each		
Is this program currently approved by NAB? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, number of credits: _____		
Additional Information/Remarks		
CERTIFICATION <i>I certify that the information provided in this application is true and correct to the best of my knowledge and belief.</i>		
Submitted by	Date	
FOR STATE USE ONLY		
Approved <input type="checkbox"/> Yes <input type="checkbox"/> No	Continuing Credit Hours Granted	Program ID Number
Signature	Date	

Distribution: Original and One Copy - NJDHSS
Copy - Applicant